WorkKeys Modification/ Certificate Request Form

Rev. 09.12

REQUEST FOR MODIFICATION: ACT data privacy policy is designed to protect the integrity of your test records. If you have completed a test and received a score report with incorrect demographic information you may request an update of your files and submit it to ACT with your signature authorizing the change. Please complete the following information and sign and date the request. Section 2(a) below must be filled out completely in order for ACT to locate your record and confirm that it's the correct record to update. If a person took a test using the wrong name, the record will be deleted and the examinee must re-test.

1. USER ID in your MyWorkkeys Account (If Known)	
2(a). Information as it NOW appears on your record:	2(b). Fill in ONLY changes that need to be made:
Last Name:	*Last Name:
First Name:	*First Name:
Address:	Address:
City:	City:
State: Zip Code:	State: Zip Code:
Email Address:	Email Address:
Phone Number:	Phone Number:
Date of Birth:	Date of Birth:
Examinee ID:	Examinee ID:
*If your name was <i>legally changed,</i> you <u>must</u> provide	e documentation (marriage license, divorce decree, etc.) that proves your name change.
3. CERTIFICATE NUMBER (If Known)	CERTIFICATE LEVEL
Test Title(s) Test Location(s	ing Test(s)
6. EXAMINEE SIGNATURE	DATE
Please allow up to 5 business days after we receive your request for changes to show on your MyWorkKeys account. CERTIFICATE REQUEST: Section 2(a) below must be filled out completely in order for ACT to locate your record. If you require a certificate (new, upgrade or reprint), you may request one using your MyWorkKeys account (there is a charge of \$20.00) once the correction(s) you requested have been made. Or, if your school or state agency will pay for your certificate, the following section must be completed by them:	
Site/Agency Name	Site ID
City	State
WorkKeys Realm Name	Realm ID
AUTHORIZED SIGNATURE*	Phone
Printed Name	Email
*This must be the person who is the authorized RegiSTAR contact. By signing this form, you are authorizing ACT to invoice for printing (up to \$6.25) plus shipping (up to \$15.00) of the certificate for the above-named examinee.	

Please return completed form to:

WorkKeys Support Services (06) ♦ 101 ACT Drive, PO Box 168 ♦ Iowa City, Iowa 52243-0168 Phone: 1-800-Workkey (967-5539) ♦ Fax: (319) 341-2630 ♦ Email: WorkKeysAssist@ACT.org